

## APPLICATION DATA SHEET

### APPLICATION INFORMATION

Application Type	:	Regular
Subject Matter	:	Utility
Title	:	Intramedullary Nail-based Bone Fracture Treatment
Attorney Docket Number	:	A-02.37
Total Drawing Sheets	:	11
Small Entity	:	Yes
Petition Included?	:	No

### APPLICANT INFORMATION

Applicant Authority Type	:	Inventor
Primary Citizenship	:	US
Status	:	Full Capacity
Given Name	:	Alfred F.
Family Name	:	Behrens
City of Residence	:	Madison
State of Residence	:	NJ
Country of Residence	:	US
Street of Mailing Address	:	One Harwood Drive
City of Mailing Address	:	Madison
State of Mailing Address	:	NJ
Country of Mailing Address	:	US
Zip Code	:	07940-2710

### CORRESPONDENCE INFORMATION

Name	:	Arthur Jacob
Street of Mailing Address	:	25 East Salem Street P.O. Box 686
City of Mailing Address	:	Hackensack
State of Mailing Address	:	New Jersey
Zip Code of Mailing Address	:	07601
Telephone	:	(201) 488-8700
Fax	:	(201) 488-3884
E-mail Address	:	ideas@arthurjacob.com

### REPRESENTATIVE INFORMATION

Registration Number One	:	19,702
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